

Department of Building Services <u>Above Ground</u> Pool Permit

Applicant Please Complete Items 1-9

1		2		
Address (where the poo	I will be located)	Legal Descripti	ion of Property	
3				
Owner of Record (of pr	operty) M	ailing Address, City, State, Zip		Phone
4General Contractor		ailing Address, City, State, Zip	Phone	Registration #
				·
5. Pool Checklist: Above G	round Portable	Above Ground Permanent	Site Plan (ple	ase attach)
Will a new fence be needed?	Yes No			
Will plumbing or electrical v	vork be performed in c	onjunction with this swimming	g pool installation? Yo	es No
6. Applicant's Name		7. Applicant Phone N	Number	
8. Applicant Represents:				
		Applicant Please Read		
	ed herein or not. The granting	now the same to be true and correct. Al		
9. Signature of Applicant:			Date:	
		Staff use only		
Application Accepted By:	(Staff Signature)	Date:	Permit Number	
	(Starr Signature)			
		proval would include, but a		
 All electrical work associated overhead electrical conducto 		CI protected. The pool shall not be		
		cated within 10 verneally or 10 no		
	vater's edge. THIS PERMI	T DOES NOT AUTHORIZE ANY	ADDITIONAL ELECTR	RICAL WORK TO BE
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PERFORMED THAT IS NO Enclosure of pools: Every p 468). Every private perman shall be completely enclosed	water's edge. THIS PERMI OT DIRECTLY RELATED bool with a depth of 24 inchent pool shall be complete by a fence or wall not less	TOOES NOT AUTHORIZE ANY TO THE INSTALLATION OF THE ness or more at any point, shall be en- ely enclosed by a fence or wall not lethan 42 inches in height. The fence	ADDITIONAL ELECTE HE POOL. Inclosed by a fence or wall less than six (6) feet in hei e or wall may be solid or s	(Salina Municipal Code Sec ght. Private portable pools shall be designed so that no
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